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Bib Data Sheet

CONFIRMATION NO. 2314

SERIAL NUMBER 10/658,133	FILING DATE 09/08/2003 RULE	CLASS 714	GROUP ART UNIT 2138	ATTORNEY DOCKET NO. 42P16192
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APPLICANTS

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**** CONTINUING DATA ******* *none one*

**** FOREIGN APPLICATIONS ******* *none one*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 12/01/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY OR	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
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TITLE
 Checksum determination

FILING FEE RECEIVED 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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